

(b) whether it is also a fact that as per the said study report, the Indian companies do not include environmental safety even in their top ten priorities; and

(c) if so, response of Government on above said observations and the measures taken/proposed to be taken to make Indian companies more environment cautious?

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT AND FORESTS (SHRI NAMO NARAIN MEENA): (a) and (b) The Report entitled 'International Corporate Value Index-2006', based on survey of 3236 companies in 12 countries including India, indicates top ten values such as quality, innovation, integrity, accountability, competitiveness and environment etc. adopted by these companies. The Government is not aware of the credentials of the Institute which has carried out the survey, the basis of the report i.e. data and methodology and the scientific peer review undertaken, if any. The report, therefore, cannot be accepted as legitimate science.

(c) The Government, however, has taken initiatives for making Corporate houses more responsible towards environment protection. After a series of interactive meetings with major industrial sectors, a Charter on Corporate Responsibility for Environment Protection (CREP) was introduced in March, 2003. The Charter is a road map for progressive improvement in environmental management system for seventeen categories of highly polluting industries and a commitment for partnership of concerned Stakeholders.

Health facilities in backward areas

2636. SHRI DWIJENDRA NATH SHARMAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have chalked out any plan to provide effective and proper health facilities in the country particularly for people of the NER, tribal areas, hilly areas and backward areas;

(b) if so, the details thereof; and

(c) the steps taken by Government to implement the above scheme for the welfare of the poor people in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Government has launched National Rural Health Mission (NRHM) to provide integrated comprehensive and effective health care to the poor, vulnerable sections of the society including North Eastern region, tribal areas, hilly areas and backward areas. The Mission strategies are designed to bridge the gaps in Rural Health

care services through creation of a cadre of Accredited Social Health Activists (ASHA), improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM provides overarching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance. Further, it tackles the issue of health in the context of sector-wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health.

Since the launch of NRHM, the Government has facilitated the setting up of State and District Missions in all States. The operational merger of Departments of Health & Family Welfare has been completed in all states. Till date, 2.39 lakh ASHAs have been selected in the 18 high focus states and till date 1.5 lakh ASHAs have received the first.

Health facilities in Backward areas

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(a) whether Government have chalked out any plan to provide effective and proper health facilities in the country particularly for people of the NER, tribal areas, hilly areas and backward areas;

(b) if so, the details thereof; and

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THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Government has launched National Rural Health Mission (NRHM) to provide integrated comprehensive and effective health care to the poor, vulnerable sections of the society including North Eastern region, tribal areas, hilly areas and backward areas. The Mission strategies are designed to bridge the gaps in Rural Health care services through creation of a cadre of Accredited Social Health Activists (ASHA), improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM provides overarching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance. Further, it tackles the issue of health in the context of sector-wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health.

Since the launch of NRHM, the Government has facilitated the setting up of State and District Missions in all States. The operational merger of Departments of Health & Family Welfare has been completed in all states. Till date, 2.39 lakh ASHAs have been selected in the 18 high focus states and till date 1.5 lakh ASHAs have received the first module of training. An amount of Rs.3381 crore has been released as on 31.10.06 for activities of NRHM during FY 2006-07. Funds have been released to the states for United funds for Subcentres, ASHA selection, training and drug kits, upgradation of CHCs to IPHS standards. In addition to this additional funds were also released to the states under NRHM for improving the availability of essential drugs at all levels. Funds were also released to the states to accelerate the preparation of the Integrated District Health Action Plans.

Life expectancy

2637. SHRI S. ANBALAGAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the average life expectancy of the people of this country, separately for both, male and female;

(b) the comparative figures of life expectancy with countries like China, Japan, USA, Russia and UK; and

(c) the steps proposed to be taken by Government to increase the life expectancy of the people?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Life expectancy at birth, India, 1999—03 as per the estimates of the Sample Registration System of the RGI is:

Male 61.8 years & Female 63.5 years

(b) Estimated Life Expectancy at birth, 2006 as per the World Fact Book, USA:

	Male	Female
India	63.90	65.57
China	70.89	74.46
Japan	77.96	84.70
USA	75.02	80.82
Russia	60.45	74.10
UK	76.09	81.13